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<b>SERIAL NUMBER</b> 10/618,076	<b>FILING OR 371(c) DATE</b> 07/11/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 100118.401
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**APPLICANTS**  
 Ryo Kubota, Seattle, WA;  
 Thomas A. Reh, Seattle, WA;  
 Andrew J. Fischer, Hilliard, OH;

**\*\* CONTINUING DATA \*\*\*\*\*** *OK ✓*  
 This appln claims benefit of 60/395,973 07/12/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 02/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Stephen Eade</i> Examiner's Signature Initials				

**ADDRESS**  
00500

**TITLE**  
Methods and systems for extended in vitro culture of neuronal cells

<b>FILING FEE RECEIVED</b> 1118	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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